Disclosures

1) The organizer is responsible to provide a list of the potential conflict of interests of all chairs/speakers/tutors/authors.

“Disclosure of Potential Conflicts of Interest List”

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Country</th>
<th>Disclosures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walter</td>
<td>Ageno</td>
<td>Italy</td>
<td>Bayer (Advisory board), Sanofi (Advisory board), Astra Zeneca (Advisory board), Norgine (Advisory board), Viatris (Advisory board), Leo Pharma (Advisory board)</td>
</tr>
</tbody>
</table>

In case there are no potential conflicts of interest to disclose, write: Nothing to disclose

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

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Please declare any relevant conflict of interest

☐ No, I have no financial relationship(s) to disclose

☒ Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

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<tr>
<td>Bayer</td>
<td>Personal fees, grant</td>
</tr>
<tr>
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<td>Personal fees</td>
</tr>
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<td>Sanofi</td>
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<td>Norgine</td>
<td>Personal fees</td>
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<td>Personal fees</td>
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X O No other relationships/conditions/circumstances that present a potential conflict of interest
O Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>Walter Ageno</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>University of Insubria</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>Via Guicciardini 9, 21100 Varese</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:walter.ageno@uninsubria.it">walter.ageno@uninsubria.it</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: Walter Ageno
Date: 09 02 2024

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</thead>
<tbody>
<tr>
<td>Andrea</td>
<td>Alimonti</td>
<td>Switzerland</td>
<td>Astellas Pharma Inc. (clinical trial sponsor); AstraZeneca (clinical trial sponsor); Sun Pharma Global FZE (clinical trial sponsor); Dompé Farmaceutici (Research Grant); IBSA Institut Biochimique (Research Grant); Debiopharm (consultation fees); IBSA Institute Biochimique SA (consultation fees); Relmada Therapeutics, Inc. (consultation fees); Ono Pharma UK Ltd. (consultation fees); Bottega Organica (stock shareholder); Oncosence (stock shareholder)</td>
</tr>
</tbody>
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<tr>
<td>Astellas Pharma Inc.</td>
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</tr>
<tr>
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<td>clinical trial sponsor</td>
</tr>
<tr>
<td>Sun Pharma Global FZE</td>
<td>clinical trial sponsor</td>
</tr>
<tr>
<td>Dompé Farmaceutici</td>
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<tr>
<td>IBSA Institut Biochimique</td>
<td>Research Grant</td>
</tr>
<tr>
<td>Organization</td>
<td>Relationship</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Debiopharm</td>
<td>consultation fees</td>
</tr>
<tr>
<td>IBSA Institute Biochimique SA</td>
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<table>
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<tr>
<th>Name: Andrea Alimonti</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company: Institute of Oncology Research</td>
</tr>
<tr>
<td>Work (postal) address: Via Francesco Chiesa 5, 6500, Bellinzona, Switzerland</td>
</tr>
<tr>
<td>E-mail address: <a href="mailto:andrea.alimonti@ior.usi.ch">andrea.alimonti@ior.usi.ch</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: [Signature] Date: 06.02.2024

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<tr>
<td>Agnes</td>
<td>Lee</td>
<td>Canada</td>
<td>Bayer, Bristol Myers Squibb, Janssen, LEO Pharma, Pfizer</td>
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<td>Bayer</td>
<td>Honoraria for advisory board participation</td>
</tr>
<tr>
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<td>Janssen</td>
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</tr>
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<table>
<thead>
<tr>
<th>Name: Agnes Y Y Lee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company: Vancouver General Hospital, Vancouver, Canada</td>
</tr>
<tr>
<td>Work (postal) address: 2775 Laurel Street, 10th floor, Vancouver, BC Canada</td>
</tr>
<tr>
<td>E-mail address: <a href="mailto:alee14@bccancer.bc.ca">alee14@bccancer.bc.ca</a></td>
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<th>Country</th>
<th>Disclosures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>Barca-Hernando</td>
<td>Spain</td>
<td>Nothing to disclose</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Name</th>
<th>Maria Barca-Hernando</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Respiratory Department, Hospital Virgen del Rocio, Seville, Spain.</td>
</tr>
<tr>
<td>Work address</td>
<td>Av. Manuel Siurot s/n, Seville, Spain, 41013</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:mariabarcah@hotmail.com">mariabarcah@hotmail.com</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ...Maria Barca-Hernando... Date:...28th January, 2024...

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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In case there are no potential conflicts of interest to disclose, write: Nothing to disclose</td>
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<tbody>
<tr>
<td>Bayer Healthcare</td>
<td>Personal Fees; Lectures’ fees</td>
</tr>
<tr>
<td>Daiichi Sankyo</td>
<td>Personal Fees; Lectures’ fees</td>
</tr>
<tr>
<td>Pfizer</td>
<td>Personal Fees; Lectures’ fees</td>
</tr>
<tr>
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<td>Personal Fees; Lectures’ fees</td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Cecilia Becattini</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>University of Perugia</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>Ospedale Santa Maria della Misericordia, Via G Dottori, 06129 Perugia, Italy</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:Cecilia.becattini@unipg.it">Cecilia.becattini@unipg.it</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: __________________________ Date: January 25, 2024

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<th>Disclosures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laurent</td>
<td>Bertoletti</td>
<td>France</td>
<td>Anthos (Travel support), BMS/Pfizer (fees for lecture, travel support), Bayer (fees for speaker bureau), Leo-Pharma (fees for lecture, travel support), MSD (fees for lecture, travel support), Viatris (fees for lecture). All outside the current meeting</td>
</tr>
</tbody>
</table>

In case there are no potential conflicts of interest to disclose, write: Nothing to disclose

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

“Form for Disclosure of Potential Conflicts of Interest”

Please declare any relevant conflict of interest

- O No, I have no financial relationship(s) to disclose
- O Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

<table>
<thead>
<tr>
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<th>Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents &amp; copyrights; royalties)</th>
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<tbody>
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<td>(fees for speaker bureau)</td>
</tr>
<tr>
<td>Leo-Pharma</td>
<td>(fees for lecture, travel support)</td>
</tr>
<tr>
<td>MSD</td>
<td>(fees for lecture, travel support)</td>
</tr>
<tr>
<td>Viatris</td>
<td>(fees for lecture)</td>
</tr>
</tbody>
</table>

12th International Conference on Thrombosis and Hemostasis Issues in Cancer (ICTHIC)
...add rows if needed

All outside the current meeting

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Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

O No other relationships/conditions/circumstances that present a potential conflict of interest
O Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>BERTOLETTI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>University Hospital of Saint-Etienne, France</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>Hôpital Nord, CHU de Saint-Etienne, 42055 Saint-Etienne, France</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:Laurent.bertoletti@gmail.com">Laurent.bertoletti@gmail.com</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ... Date:...06/02/2024...

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“Disclosure of Potential Conflicts of Interest List”

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<thead>
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</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In case there are no potential conflicts of interest to disclose, write: Nothing to disclose</td>
</tr>
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<td>Sanofi</td>
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<td>Johnson &amp; Johnson</td>
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</tr>
<tr>
<td>HORIBA Medical</td>
<td>personal fees</td>
</tr>
<tr>
<td></td>
<td></td>
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Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>Benjamin Brenner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>Rambam Health Care Campus, Haifa, Israel</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>8, Ha'Aliya Street, Haifa 3109601, Israel</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:b_brenner@rambam.health.gov.il">b_brenner@rambam.health.gov.il</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ___________________________ Date: February 6, 2024

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<tr>
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<th>Country</th>
<th>Disclosures</th>
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</thead>
<tbody>
<tr>
<td>Monica</td>
<td>Carpenedo</td>
<td>Italy</td>
<td>AMGEN: honoraria or consultation fee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>GRIFOLS: honoraria fee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NOVARTIS: honoraria fee</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>SOBI: honoraria fee and Speaker’s bureau</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ARGENX: speakers’s bureau</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>AMGEN</td>
<td>Personal fee for consultation and lectures</td>
</tr>
<tr>
<td>GRIFOLS</td>
<td>Personal fee for lectures</td>
</tr>
<tr>
<td>NOVARTIS</td>
<td>Personal fee for lectures</td>
</tr>
<tr>
<td>SOBI</td>
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---

Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>Monica Carpenedo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company:</td>
<td>Hematology and Transfusional Medicine, ASST Fatebenefratelli-Sacco, University of Milan Teaching Hospital, Milan, Italy</td>
</tr>
<tr>
<td>Work (postal) address:</td>
<td>via G8 Grassi, 74, 20134 Milan, Italy</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:mnc.carpenedo@gmail.com">mnc.carpenedo@gmail.com</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: _____________________________ Date: 07 February 2024

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</thead>
<tbody>
<tr>
<td>Erica</td>
<td>De Candia</td>
<td>Italy</td>
<td>Università Cattolica del Sacro Cuore, Roma; Fondazione Policlinico Universitario A. Gemelli IRCCS, Roma, Italia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In case there are no potential conflicts of interest to disclose, write: Nothing to disclose</td>
</tr>
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</thead>
<tbody>
<tr>
<td>Viatris-Mylan</td>
<td>Personal fees, grant</td>
</tr>
<tr>
<td>Novonordisk</td>
<td>Grant</td>
</tr>
<tr>
<td>Sanofi</td>
<td>Personal fees</td>
</tr>
<tr>
<td>Leopharma</td>
<td>Personal fees</td>
</tr>
<tr>
<td>Daiichi-Sankyo</td>
<td>Grant</td>
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<tr>
<td>Siemens</td>
<td>Personal fees</td>
</tr>
<tr>
<td>...add rows if needed</td>
<td></td>
</tr>
</tbody>
</table>

EBAH
Koninginnegracht 12b
2514 AA The Hague
The Netherlands

www.ebah.org

TELEPHONE
+31 70 3020 099
EMAIL
info@ebah.org
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O X No other relationships/conditions/circumstances that present a potential conflict of interest
O Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name: Erica De Candia
Organization/institute/company: Università Cattolica del sacro Cuore, Roma, Fondazione Policlinico Universitario A. Gemelli IRCCS, Roma, Italia
Work (postal) address: Largo Agostino Gemelli, 8 00168 Roma, Italia
E-mail address: erica.decandia@unicatt.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: [Signature] Date: 12/12/2024

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</tr>
</thead>
<tbody>
<tr>
<td>Marcello</td>
<td>Di Nisio</td>
<td>Italy</td>
<td>Personal fees as an invited speaker from Bayer, Daiichi Sankyo, and Viatris, personal fees for advisory board membership from Leo Pharma and Pfizer, and institutional funding from Leo Pharma Company</td>
</tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Bayer, Daiichi Sankyo, Viatris, Leo Pharma, Pfizer</td>
<td>Personal fees</td>
</tr>
<tr>
<td>Leo Pharma</td>
<td>Institutional research support</td>
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Please enter your personal details

Name: Marcello Di Nisio
Organization/institute/company: Department of Medicine and Ageing Sciences, University G. D’Annunzio, Chieti, Italy
Work (postal) address: via dei Vestini, snc - 66100 Chieti, Italy
E-mail address: mdinisio@unich.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ________________
Date: ________________

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<tbody>
<tr>
<td>ROVI- LEO PHARMA - SANOFI</td>
<td>SPEAKER’S BUREAU</td>
</tr>
<tr>
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Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>ANNA FALANGA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>UNIVERSITY BERGAMO- FONDAZIONE ARTET</td>
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<tr>
<td>Work (postal) address</td>
<td></td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:annafalanga@yahoo.com">annafalanga@yahoo.com</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ........................................ Date: 06/02/2024

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<th>Country</th>
<th>Disclosures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claudine</td>
<td>Graf</td>
<td>Germany</td>
<td>Nothing to disclose</td>
</tr>
</tbody>
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☒ No, I have no financial relationship(s) to disclose
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<tr>
<th>Name:</th>
<th>Claudine Graf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company: Center of Thrombosis and Hemostasis, University Medical Center Mainz</td>
<td></td>
</tr>
<tr>
<td>Work (postal) address: Langenbeckstraße 1, 55131 Mainz, Germany</td>
<td></td>
</tr>
<tr>
<td>E-mail address: <a href="mailto:grafc@uni-mainz.de">grafc@uni-mainz.de</a></td>
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Signature: ___________________________ Date: 02.02.2024...

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<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
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<td></td>
<td></td>
<td>In case there are no potential conflicts of interest to disclose, write: Nothing to disclose</td>
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Please declare any relevant conflict of interest

- **Ox No, I have no financial relationship(s) to disclose**
- **O Yes, I have one or more financial relationship(s) to disclose.** If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

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---

Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>ELVIRA GRANDONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>UNIVERSITY OF FOGGIA/IRCCS CASA SOLLIEVO DELLA SOFFERENZA</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>VIALE PINTO, FOGGIA</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:elvira.grandone@unifg.it">elvira.grandone@unifg.it</a></td>
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I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

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<td></td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Paolo Gresele</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Department of Medicine and Surgery, University of Perugia, Hemostasis and Thrombosis Center</td>
</tr>
<tr>
<td>Work address</td>
<td>Strada Vicinale Via Delle Corse, S. Andrea della Fratte, 06132 Perugia, Italy</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:paolo.gresele@unipg.it">paolo.gresele@unipg.it</a></td>
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I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: [Signature]  
Date: 24/1/2024

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<tbody>
<tr>
<td>Bayer AG</td>
<td>Personal fees and Research Support</td>
</tr>
<tr>
<td>Anthos Therapeutics</td>
<td>Personal fees and Research Support</td>
</tr>
<tr>
<td>Sanofi SA</td>
<td>Personal fees and Research Support</td>
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<table>
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<tr>
<th>Name:</th>
<th>Professor Lord Kakkar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company:</td>
<td>Thrombosis Research Institute</td>
</tr>
<tr>
<td>Work (postal) address:</td>
<td>Emmanuel Kaye Building, Manresa Road, London, SW3 6LR</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:akkakkar@trl-london.ac.uk">akkakkar@trl-london.ac.uk</a></td>
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12th International Conference on
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<tbody>
<tr>
<td>BF, Novo Nordisk, Astra, Roche</td>
<td>Grants/Research Support</td>
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<td>Tel Aviv University</td>
<td></td>
</tr>
<tr>
<td>Bayer, Biotrin, CSL, Astra,</td>
<td>Honoraria/Consultation fees</td>
</tr>
<tr>
<td>Sanofi - Genzyme, G. S.</td>
<td></td>
</tr>
<tr>
<td>Takara, Diagnostex</td>
<td>Foresee Therapeutics</td>
</tr>
<tr>
<td>Novo Nordisk, Roche</td>
<td></td>
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Please enter your personal details

Name: Prof. Gill Kenet
Organization/institute/company: Sheba Medical Center
Work (postal) address: Tel Hashomer 52651, ISRAEL
E-mail address: gill.kenet@sheba.gov.il

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: [Signature] Prof. Gill Kenet
Date: January 31, 2024

Clarifications:
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"Disclosure of Potential Conflicts of Interest List"

<table>
<thead>
<tr>
<th>First name</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In case there are no potential conflicts of interest to disclose, write: Nothing to disclose</td>
</tr>
</tbody>
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Please declare any relevant conflict of interest

☐ No, I have no financial relationship(s) to disclose

☒ Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

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<td>ANTHOS</td>
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<td>✗</td>
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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>ALOK A. KHORANA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>CLEVELAND CLINIC</td>
</tr>
<tr>
<td>Work (postal)</td>
<td>1001 CARNEGIE AVE, CLEVELAND, OH 44195 USA</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:KHORANA@CCF.ORG">KHORANA@CCF.ORG</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: [Signature] Date: Feb. 12, 2024

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<tbody>
<tr>
<td>ROBERTO F.</td>
<td>LABIANCA</td>
<td>ITALY</td>
<td>FORMER DIRECTOR OF CANCER CENTER, PAPA GIOVANNI XXIII HOSPITAL, BERGAMO</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Role/Committee</td>
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<td>ACCADEMIA NAZIONALE MEDICINA</td>
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<td>CHAIRMAN DATA MONITORING COMMITTEE</td>
<td>FOND. MEDICINA PERSONALIZZATA</td>
</tr>
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<td></td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:rlabian@tin.it">rlabian@tin.it</a></td>
</tr>
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Signature: [Signature]
Date: 26.02.2024

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12th International Conference on
Thrombosis and Hemostasis Issues in Cancer
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<tbody>
<tr>
<td>Ang</td>
<td>Li</td>
<td>USA</td>
<td>Baylor College of Medicine (Assistant Professor): Nothing to disclose.</td>
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</tr>
<tr>
<td>Work (postal) address</td>
<td>One Baylor Plaza, MS: 187 (Office) Jewish Building, Suite 011 DF Houston, TX 77030 United States</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:ang.li2@bcm.edu">ang.li2@bcm.edu</a></td>
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<tr>
<td>BMS</td>
<td>Personal fees for Advisory board or Symposia</td>
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<tr>
<td>Pierre Fabre</td>
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<td>Company</td>
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<th>Mario Mandalà</th>
</tr>
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<tr>
<td>Organization/institute/company</td>
<td>University of Perugia</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>Piazzale Lucio Severi 1/8</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:mario.mandala@unipg.it">mario.mandala@unipg.it</a></td>
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<td>Simon</td>
<td>Mantha</td>
<td>USA</td>
<td>Daboia Consulting LLC, Janssen Pharmaceuticals, Memorial Sloan Kettering Cancer Center</td>
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O No, I have no financial relationship(s) to disclose

X Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

<table>
<thead>
<tr>
<th>Name of Company</th>
<th>Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents &amp; copyrights; royalties)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daboia Consulting LLC</td>
<td>Owner</td>
</tr>
<tr>
<td>Janssen Pharmaceuticals</td>
<td>Consultant</td>
</tr>
<tr>
<td>Memorial Sloan Kettering Cancer Center</td>
<td>Patent applications pending for deep learning models and software (VTE, NLP)</td>
</tr>
</tbody>
</table>

...add rows if needed
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Relationships not covered above
Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

X No other relationships/conditions/circumstances that present a potential conflict of interest
O Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>Simon Mantha, MD, MPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>Memorial Sloan Kettering Cancer Center</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>530 East 74th Street, New York, NY 10021, USA</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:manthas@mskcc.org">manthas@mskcc.org</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ..........................  Date: .................. February 8, 2024 .................

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<tr>
<td></td>
<td></td>
<td></td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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Work (postal) address: [Address]
E-mail address: [E-mail Address]

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EBAH
Koninginneweg 12b
2514 AA The Hague
The Netherlands

www.ebah.org

TELEPHONE
+31 70 3020 099
EMAIL
info@ebah.org
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<th>Disclosures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrés J.</td>
<td>Muñoz Martín</td>
<td>Spain</td>
<td>Affiliation: Medical Oncology Department, Hospital General Universitario Gregorio Marañón, Universidad Complutense, Madrid, Spain</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>GSK</td>
<td>Consultant or advisory role</td>
</tr>
<tr>
<td>Sanofi</td>
<td>Consultant or advisory role, research funding</td>
</tr>
<tr>
<td>Celgene</td>
<td>Consultant or advisory role, research funding</td>
</tr>
<tr>
<td>Leo Pharma</td>
<td>Consultant or advisory role, research funding</td>
</tr>
<tr>
<td>BMS-Pfizer</td>
<td>Consultant or advisory role, research funding</td>
</tr>
<tr>
<td>AstraZeneca</td>
<td>Consultant or advisory role</td>
</tr>
<tr>
<td>Lilly</td>
<td>Consultant or advisory role</td>
</tr>
<tr>
<td>MSD</td>
<td>Consultant or advisory role</td>
</tr>
<tr>
<td>Servier</td>
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</tr>
<tr>
<td>Roche</td>
<td>Consultant or advisory role</td>
</tr>
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</table>
Taiho | Consultant or advisory role
---|---
Rovi | Speakers’ bureau
Menarini | Speakers’ bureau
STADA | Speakers’ bureau
Patent, intellectual property | Risk assessment model in venous thromboembolism in cancer patients

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Please enter your personal details

Andrés J. Muñoz Martín
Hospital General Universitario Gregorio Marañón, Universidad Complutense, Madrid, Spain
C/Docotor esquerdo 46, 28007 Madrid, Spain
andresmunmar@hotmail.com

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ___________________________ Date: 26th January 2024

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</tr>
</thead>
<tbody>
<tr>
<td>Simon</td>
<td>Noble</td>
<td>UK</td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
</tr>
</tbody>
</table>

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Name of Company | Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Lea Pharma | Grant, speaker fees

...add rows if needed
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<table>
<thead>
<tr>
<th>Name</th>
<th>Professor Simon Noble</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>Cardiff University</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>3rd Floor, Neuadd Meirionydd, Cardiff University, Heath Park Campus, CF14 4YS, Wales, UK</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:NobleS1@cardiff.ac.uk">NobleS1@cardiff.ac.uk</a></td>
</tr>
</tbody>
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I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: [Signature] Date: 29/01/24

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12th International Conference on
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<tbody>
<tr>
<td>Jamie</td>
<td>O’Sullivan</td>
<td>Ireland</td>
<td>LEO Pharma (Grant support); Novartis (Grant support); Werfen (Fees); Bayer (Fees)</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Fees</td>
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<tr>
<td>Bayer</td>
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<table>
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<th>Name</th>
<th>Jamie O’Sullivan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>Royal College of Surgeons in Ireland</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>123 St Stephens Green, Dublin 2, D02 YN77</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:jamieosullivan@rcsi.ie">jamieosullivan@rcsi.ie</a></td>
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<tr>
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<td>Grants, personal fees</td>
</tr>
<tr>
<td>Sobi</td>
<td>Grants, personal fees</td>
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<td>Takeda</td>
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<tr>
<td>Roche</td>
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<td>Sandoz</td>
<td>Personal fees</td>
</tr>
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<td>Novo</td>
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<tr>
<td>Pfizer</td>
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Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>Dr Ingrid Pabinger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>Medical University Vienna</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>Währinger Gürtel 18-20</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:Ingrid.pabinger@meduniwien.ac.at">Ingrid.pabinger@meduniwien.ac.at</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ........................................ Date: 25 June 2024

Clarifications:
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Disclosures

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“Disclosure of Potential Conflicts of Interest List”

Nothing to disclose

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Country</th>
<th>Disclosures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
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In case there are no potential conflicts of interest to disclose, write: Nothing to disclose

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Please declare any relevant conflict of interest

X No, I have no financial relationship(s) to disclose

O Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

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O Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>Laurence Panicot-Dubois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>C2VN, INSERM, INRAE, Aix Marseille Université (AMU)</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>27 Bd Jean Moulin, faculty of pharmacy, 13385 Marseille</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:Laurence.panicot-dubois@univ-amu.fr">Laurence.panicot-dubois@univ-amu.fr</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: Date: 15 February 2024

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<th>Disclosures</th>
</tr>
</thead>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In case there are no potential conflicts of interest to disclose, write: Nothing to disclose</td>
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Please declare any relevant conflict of interest

- No, I have no financial relationship(s) to disclose
- Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

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<tr>
<td>Merck</td>
<td>Consulting</td>
</tr>
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Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>Rushad Patell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>Beth Israel Deaconess Medical Center</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>330 Brookline Ave, Boston, 02215</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:rpatell@bidmc.harvard.edu">rpatell@bidmc.harvard.edu</a></td>
</tr>
</tbody>
</table>

I declare that, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ___________________________ Date: 1/25/24

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<th>Country</th>
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<tr>
<td>Paolo</td>
<td>Fradoni</td>
<td>Italy</td>
<td>Company name 1 (type of affiliation); Company</td>
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<td></td>
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<td>name 2 (type of affiliation) etc.</td>
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<td>In case there are no potential conflicts of</td>
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<td></td>
<td></td>
<td></td>
<td>interest to disclose, write: Nothing to disclose</td>
</tr>
</tbody>
</table>

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<td>Personal Fees</td>
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<td>Sanofi</td>
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<tr>
<td>Viatris</td>
<td>Personal Fees</td>
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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>PAOLO FRAUNDOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>FONDAZIONE ARIANNA BOLOGNA</td>
</tr>
<tr>
<td>Work (postal address)</td>
<td>VIA P. FABREI 1/B - BOLOGNA</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:paolofraundo@gmail.com">paolofraundo@gmail.com</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: [Signature] Date: 06/02/2024

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<th>Last name</th>
<th>Country</th>
<th>Disclosures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janusz</td>
<td>RAK</td>
<td>Canada</td>
<td>McGill University, The Research Institute of the McGill University Health Centre Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NX PharmaGene - patent licensee In case there are no potential conflicts of interest to disclose, write: Nothing to disclose</td>
</tr>
</tbody>
</table>

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EBAH
Koninginnegracht 12b
2514 AA The Hague
The Netherlands
www.ebah.org
TELEPHONE
+31 70 3020 099
EMAIL
info@ebah.org
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Patent holder on: Tumor cell-derived microvesicles, licensed to NX PharmaGene

Please enter your personal details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Janusz RAK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company:</td>
<td>McGill University</td>
</tr>
<tr>
<td>Work (postal) address:</td>
<td>The Research Institute of the McGill University Health Centre, 1001 Decarie Boul. Office # E M1 2244; Montreal, Quebec, H4A 3J1</td>
</tr>
<tr>
<td>Phone:</td>
<td>(514) 412-4400 ext-office: 76240</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:Janusz.rak@mcgill.ca">Janusz.rak@mcgill.ca</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: …………………………… Date:…01-25-2024…………………………

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</thead>
<tbody>
<tr>
<td>Gary</td>
<td>Raskob</td>
<td>USA</td>
<td>University of Oklahoma Health Sciences</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In case there are no potential conflicts of interest to disclose, write: Nothing to disclose</td>
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<td>Ionis</td>
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<td>Pfizer</td>
<td>Personal fees (consultant, speaker)</td>
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<td>Regeneron</td>
<td>Personal fees (consultant)</td>
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None

Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>Gary Raskob, PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>University of Oklahoma Health Sciences</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>1105 N Stonewall Ave, Suite 221, Oklahoma City, OK, USA, 73117</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:gary-raskob@ouhsc.edu">gary-raskob@ouhsc.edu</a></td>
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I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: [Signature] Date: 1/29/24

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</thead>
<tbody>
<tr>
<td>Christoph</td>
<td>Reinhardt</td>
<td>Germany</td>
<td>Center for Thrombosis and Hemostasis (CTH), University Medical Center Mainz.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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x No, I have no financial relationship(s) to disclose

O Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

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- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Christoph Reinhardt
Center for Thrombosis and Hemostasis (CTH), University Medical Center Mainz.
Langenbeckstrasse 1, Building 403, 1. Floor, 55131 Mainz, Germany.
Christoph.Reinhardt@unimedizin-mainz.de

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ___________________________ Date: 02/02/2024

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<td>Andrea</td>
<td>Remuzzi</td>
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O Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name: Andrea Remuzzi
Organization/institute/company: Università degli studi di Bergamo
Work (postal) address: Viale G. Marconi 5 - 24044 Dalmine (BG)
E-mail address: andrea.remuzzi@marionegri.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: [Signature] Date: 16/02/2024

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<table>
<thead>
<tr>
<th>Name</th>
<th>CATERINA RIZZI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>UNIVERSITY OF BERGAMO, DEPT. OF MANAGEMENT, INFORMATION AND PRODUCTION ENGINEERING</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>VIALLE G. MARCONI N.5, 24044 DALMINE (BG)</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:caterina.rizzi@unibg.it">caterina.rizzi@unibg.it</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: …………………… Date: February 9, 2024

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<td>ITALY</td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
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Signature: ____________________________ Date: 8.2.24

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EBAH
Koninginnegacht 12b
2514 AA The Hague
The Netherlands

TEL: +31 70 3020 099
WEB: www.ebah.org
EMAIL: info@ebah.org
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<tbody>
<tr>
<td>Organization</td>
<td>HOSPITAL PAPA GIOVANNI XXIII</td>
</tr>
<tr>
<td>Postal address</td>
<td>PIAZZA OOSI A - 24124 - Bologna</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:info@ebah.org">info@ebah.org</a></td>
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I declare that, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ____________________ Date: 15/02/2024

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<tr>
<td>Kristen</td>
<td>Sanfilippo</td>
<td>USA</td>
<td>Health Services Advisory Group (Research Consulting); Quinn Johnston (Expert Review); All disclosures for KMS are outside of the presented work.</td>
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Travel and Accomodations for ICTHIC 2024 were provided

Please enter your personal details

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<th>Kristen Sanfilippo</th>
</tr>
</thead>
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<tr>
<td>Organization</td>
<td></td>
</tr>
<tr>
<td>Associate Professor of Medicine</td>
<td></td>
</tr>
<tr>
<td>Division of Hematology, Department of Medicine</td>
<td></td>
</tr>
<tr>
<td>Washington University St. Louis School of Medicine, St. Louis MO USA</td>
<td></td>
</tr>
<tr>
<td>Staff Physician</td>
<td></td>
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<tr>
<td>Division of Hematology/Oncology, Department of Medicine</td>
<td></td>
</tr>
<tr>
<td>St. Louis Veterans Administration Medical Center, John Cochran Division, St. Louis MO USA</td>
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<tr>
<td>Work (postal) address</td>
<td></td>
</tr>
<tr>
<td>660 S. Euclid Avenue</td>
<td></td>
</tr>
<tr>
<td>Saint Louis, Missouri 63110</td>
<td></td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:ksanfilippo@wustl.edu">ksanfilippo@wustl.edu</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ........................................... Date: ....... 06/FEB/2024 .............

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Personal data.

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<tbody>
<tr>
<td>Roberto</td>
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<td>Grifols - personal fees</td>
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<td>Mario</td>
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<td>Amgen - personal fees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In case there are no potential conflicts of interest to disclose, write: Nothing to disclose</td>
</tr>
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O No, I have no financial relationship(s) to disclose

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<td>AMGEN</td>
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</tr>
</tbody>
</table>

EBAH
Koninginnegracht 12b
2514 AA The Hague
The Netherlands  
www.ebah.org

TELEPHONE  
+31 70 3020 099

EMAIL  
info@ebah.org
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X No other relationships/conditions/circumstances that present a potential conflict of interest
O Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>ROBERTO MARIO SANTI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Thrombosis and Hemostasis Center· Az. Osp. Alessandria</td>
</tr>
<tr>
<td>Work (postal)</td>
<td>via Venezia, 16 - 15121 Alessandria - ITALY-EU</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:rsanti@ospedale.al.it">rsanti@ospedale.al.it</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ........................................... Date:...........February, 12, 2024..................

Clarifications:
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</tr>
</thead>
<tbody>
<tr>
<td>Deborah</td>
<td>Siegal</td>
<td>Canada</td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In case there are no potential conflicts of interest to disclose, write: Nothing to disclose</td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>Astra Zeneca</td>
<td>Honoraria paid to my research institute</td>
</tr>
<tr>
<td>BMS-Pfizer</td>
<td>Honoraria paid to my research institute</td>
</tr>
<tr>
<td>Roche</td>
<td>Honoraria paid to my research institute</td>
</tr>
<tr>
<td>Servier</td>
<td>Honoraria paid to my research institute</td>
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<th>Deborah Siegal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>Ottawa Hospital Research Institute</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>Ottawa Blood Diseases Centre, 501 Smyth Rd. Box 201A</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:dsiegel@toh.ca">dsiegel@toh.ca</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ........................................ Date: January 28, 2024

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<tbody>
<tr>
<td>BAYER</td>
<td>Pfizer</td>
<td>STAGO</td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
</tr>
<tr>
<td>CSL BEHRING</td>
<td></td>
<td>WERFENIL</td>
<td>In case there are no potential conflicts of interest to disclose, write: Nothing to disclose</td>
</tr>
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☐ Yes, I have one or more financial relationship(s) to disclose.

0 No, I have no financial relationship(s) to disclose.

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<tr>
<td>BAYER</td>
<td>Receipts of:</td>
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<tr>
<td>Pfizer</td>
<td>- Grants/research supports</td>
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<td>CSL BEHRING</td>
<td>- Honoraria or consultation fees</td>
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<td>ASTRazeneca</td>
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add rows if needed
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☐ No other relationships/conditions/circumstances that present a potential conflict of interest
☐ Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name: PAOLO SIMIONI
Organization/institute/company: DEPT. OF MEDICINE - DIMED, UNIVERSITY
Work (postal) address: VIA N. GIUSTINIANI, 2 - PADUA, ITALY
E-mail address: paolo.simioni@unipd.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: [Signature]
Date: 10 FEB 2024

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<table>
<thead>
<tr>
<th>Name</th>
<th>Simon Stanworth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>Professor of Haematology and Transfusion Medicine, Radcliffe Department of Medicine, University of Oxford, UK Consultant Haematologist NHS Blood and Transplant/Oxford University Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>Level 2, John Radcliffe Hospital, Headley Way, Headington, Oxford. OX3 9BQ</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:simon.stanworth@nhsbt.nhs.uk">simon.stanworth@nhsbt.nhs.uk</a></td>
</tr>
</tbody>
</table>

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: SimonJStanworth Date: 28th January 2024

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<tbody>
<tr>
<td>Hugo</td>
<td>Ten Cate</td>
<td>Netherlands</td>
<td>Consultancy fees from Galapagos, Alveron, Novostia, Astra Zeneca</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Shareholder Coagulation Profile</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Research support: Bayer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>All revenues deposited at the CARIM school for cardiovascular diseases, Maastricht University</td>
</tr>
</tbody>
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<tbody>
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<td>Research support</td>
</tr>
<tr>
<td>Alveron, Galapagos, Novostia, Astra Zeneca</td>
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<td>Coagulation Profile</td>
<td>shareholder</td>
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I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ...Hugo ten Cate.......................... Date:...FEB 10, 2024..........................

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</thead>
<tbody>
<tr>
<td>Jeffrey</td>
<td>Zwicker</td>
<td>USA</td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
</tr>
<tr>
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Please enter your personal details

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<tr>
<td>Organization/institute/company</td>
<td>Memorial Sloan Kettering Cancer Center</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>1275 York Avenue, NY, NY</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:zwickerj@mskcc.org">zwickerj@mskcc.org</a></td>
</tr>
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I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: [signature] Date: Feb 29, 2024

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<td>Speaker's Bureau</td>
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<tr>
<td>Bayer</td>
<td>Speaker's Bureau</td>
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<th>FRANCESCO DENTALI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>UNIVERSITA’ DEGLI STUDI DELL’INSUBRIA/OSPEDALE DI CIRCOLO, VARESE</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td><a href="mailto:francesco.dentali@asst-settelaghi.it">francesco.dentali@asst-settelaghi.it</a></td>
</tr>
<tr>
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I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:  
Date: 06/03/2024

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EBAH
Koningsinnegracht 12b
2514 AA The Hague
The Netherlands
www.ebah.org

TELEPHONE +31 70 3020 099
EMAIL info@ebah.org
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<td>RECIPIENT OF GRANT/RESEARCH SUPPORT</td>
</tr>
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<tr>
<th>Name</th>
<th>Giancarlo Agnelli</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>ICS Maugeri (RCS - Pavia)</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>Via S Maugeri #6, Pavia</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:giancarlo.agnelli@icsmaugeri.it">giancarlo.agnelli@icsmaugeri.it</a></td>
</tr>
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Signature: ........................................ Date: 14.03.2024

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